

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group Art Unit: 1643

well 1 4 1999 959

Serial No.:

Ranum et al. 09/181,585

Examiner:

Unknown

Filed:

October 28, 1998

Docket No.:

TECH CENTER TO

Title:

SPINOCEREBELLAR ATAXIA TYPE 8 AND METHODS OF DETECTION

Assistant Commissioner for Patents Washington, D.C. 20231

We are transmitting the following documents along with this Transmittal Sheet (which is submitted in triplicate):

X A return postcard.

A Petition for Extension of Time for month(s) and a check in the amount of \$\\$ for the required fee.

X A Supplemental Information Disclosure Statement (1 pg), 1449 form (1 pg); and copies of 3 cited

A check in the amount of \$__, representing

A certified copy of a __ application, Serial No. _, filed __, 199_ , the right of priority of which is claimed

under 35 U.S.C. §119.

X Other: Status Inquiry (1 pg.).

Amendment ___ No Additional fee is required. ___ The fee has been calculated as shown:

Fee Calculation for Claims Pending After Amendment					
	Pending Claims after Amendment (1)	Claims Paid for Earlier (2)	Number of Additional Claims (1-2)	Cost per Additional Claim	Additional Fees Required
Total Claims				x \$9 =	
Independent Claims				x \$39 =	
One or M	ore New Multiple [Dependent Claims Pr	resented? If Yes, A	dd \$130 Here →	
		T	otal Additional Clai	m Fees Required	

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers and please charge any additional fees or credit overpayment to Deposit Account No. 13-4895. Triplicate copies of this sheet are enclosed.

<u>CERTIFICATE UNDER 37 C.F.R. §1.8</u>: The undersigned hereby certifies that this Transmittal Letter and the paper(s), as described hereinabove, are being deposited in the United States Postal Service, as first class mail, in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on this ______ day of December, 1999.

MUETING, RAASCH & GEBHARDT, P.A

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By: Name: A

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(SMALL ENTITY TRANSMITTAL UNDER RULE 1.8)